

1. DATE ISSUED MM/DD/YYYY 07/30/2017
2. CFDA NO. 93.977
3. ASSISTANCE TYPE Project Grant

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2920 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
PHS ACT, SECT. 318 (42U.S.C. SEC 247C)

1a. SUPERSEDES AWARD NOTICE dated 03/22/2017
except that any additions or restrictions previously imposed remain
in effect unless specifically rescinded

4. GRANT NO. 6 NH25PS004330-04-02
Formerly 5H25PS004330-03
5. ACTION TYPE Post Award
Amendment

6. PROJECT PERIOD MM/DD/YYYY
From 01/01/2014 Through 12/31/2018

7. BUDGET PERIOD MM/DD/YYYY
From 01/01/2017 Through 12/31/2017

8. TITLE OF PROJECT (OR PROGRAM)

THE KY STD PREV & CNTRL PRGM PROVDS PREV & CNTRL ACTIVITIES

9a. GRANTEE NAME AND ADDRESS

Health & Family Services, Kentucky Cabinet for
275 EAST MAIN ST #5WA
Epidemiology & Health Planning
FRANKFORT, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR

Dr Robert Lee Brawley
275 E. MAIN STREET
HS2E-B
KENTUCKY DEPT FOR PUBLIC HEALTH
FRANKFORT, KY 40621

10a. GRANTEE AUTHORIZING OFFICIAL

Dr Robert Lee Brawley
275 E. MAIN STREET
HS2E-B
KENTUCKY DEPT FOR PUBLIC HEALTH
FRANKFORT, KY 40621
Phone: 502-564-4478

10b. FEDERAL PROJECT OFFICER

Tricia Martin
1600 Clifton Rd
Atlanta, GA 30333
Phone: 404-639-5200

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

II Total project costs including grant funds and all other financial participation

I

a. Salaries and Wages	238,855.00
b. Fringe Benefits	202,084.00
c. Total Personnel Costs	440,939.00
d. Equipment	0.00
e. Supplies	429,861.00
f. Travel	23,323.00
g. Construction	0.00
h. Other	3,601.00
i. Contractual	83,101.00
j. TOTAL DIRECT COSTS	980,825.00
k. INDIRECT COSTS	70,645.00
l. TOTAL APPROVED BUDGET	1,051,470.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	1,051,470.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	482,244.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	569,226.00
13. Total Federal Funds Awarded to Date for Project Period	4,047,381.00

14. RECOMMENDED FUTURE SUPPORT

(Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 5		d. 8	
b. 6		e. 9	
c. 7		f. 10	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

- a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. OTHER (See REMARKS)

b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- a. The grant program legislation
b. The grant program regulations.
c. This award notice including terms and conditions, if any, noted below under REMARKS.
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -

☒ Yes

☐ No

GRANTS MANAGEMENT OFFICIAL: Arthur Lusby, Grants Management Officer, Team Lead

17. OBJ CLASS 41.51	18a. VENDOR CODE 1610600439B5	18b. EIN 610600439	19. DUNS 927049767	20. CONG. DIST. 06
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 7-939ZRJQ	b. 004330AA14	c. 93.977	d. PS	e. \$92,187.00
22. a. 7-939ZRPZ	b. 004330AA14	c. 93.977	d. PS	e. \$477,039.00
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
01/01/2014	12/31/2014	Annual	03/31/2015
01/01/2015	12/31/2015	Annual	03/30/2016
01/01/2016	12/31/2016	Annual	03/31/2017
01/01/2017	12/31/2017	Annual	03/31/2018

AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

6 NH25PS004330-04-02

1. Revised Terms

Notice of Funding Opportunity (NOFO) Number: PS14-1402
Award Number: H25 PS004330
Award Type: Cooperative Agreement
Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75,
Uniform Administrative Requirements, Cost Principles, and Audit Requirements
for HHS Awards

AWARD INFORMATION

PURPOSE: Correction to Award: This revised Notice of Award is to administratively correct the approved funding for Year 04 budget period. The approved funding for this award should read \$1,051,470 instead of \$ 986,565 for the Budget Period 01/01/2017 through 12/31/2017. Any questions pertaining to the change in approved funding please contact your assigned Project Officer.

Incremental Funding: This revised Notice of Award is to award incremental funding in the amount of \$ 569,226. Previously, \$ 482,244 had been awarded, making the current total available award amount \$1,051,470 of the approved \$1,051,470 for the Year 04 budget period which is 01/01/2017 through 12/31/2017.

This award has been fully funded for budget year 04.

Budget Revision Requirement: By September 7, 2017 the grantee must submit a revised budget with a narrative justification and work plan. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE